



02-09-01



AlRe

REISSUE	PATENT APPLI	CATIO	ON TRANSMITTAL					
ADDRESS TO: Assistant Commissioner for Patents Box Reissue	Attorney Docket No.: First Named Inventor Original Patent Number		4T02.1-020					
Washington, DC 20231			Vincent Frese II					
			5,909,545					
	Original Patent Issue		June 1, 1999					
	(Month/Day/Year) Express Mail Label No.		EL672504225US					
Application for Reissue of	V							
(Check applicable box)	Utility Patent		Design Patent Plant Patent					
APPLICATION ELEMENTS			ACCOMPANYING APPLICATION PARTS					
· V								
 X Fee Transmittal Form (Submit an original, and a duplicate for fee processing) X Specification and Claims, (amended, if appropriate) 			Transfer drawings from Patent File					
	otal Sheets	8.	Foreign Priority Claim (35 USC 119) (if applicable)					
4. Reissue Oath/Declaration (ori		9. X	Information Disclosure Statement (IDS) PTO 1449					
(37 CFR 1.175)(PTO/SB/51 or 52)		X	Copies of IDS Citations					
5. Original U.S. Patent			-					
Offer to Surrender Original Patent (37 CFR 1.178) Or			10. English Translation of Reissue Oath/Declaration (if applicable)					
· · · · · · · · · · · · · · · · · · ·		11. 🛚	Return Receipt Postcard (MPEP 503) (Should be specifically itemized)					
Affidavit/Declaration of Loss (PTO/SB	/55)	12.	Small Entity Statement(s)					
6. Original U.S. Patent currently assign	ned?	' ^{2.}	Statement filed in prior application					
X Yes No	icu:		Status still proper and desired					
Written Consent of all Assignees (PTC	D/SB/53 or 54)	13.	Certified Copy of Priority Document(s)					
37 CFR 3.73(b) Statement	Power of Attorney	14.	Other:					
	CORRESPONDE	ENCE A	ADDRESS					
Send all Correspondence address	ed to:		\bigcap 0					
Michael J. Mehrman, Esq. By: Dawn V. Stephens (Registered Patent Agent)								
GARDNER GROFF MEHRMAN & JOSEPHIC, P.C. Paper Mill Village, Building 23	Date:	Febr	n No.: 44,355 <u>1201</u> 8, 2001 984 2000					
600 Village Trace, Suite 300 Marietta, Georgia 30067		le: 770 9						





PTO/SB/56 (08-00)

Approved for use through 12/30/2000. OMB 0651-0033
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Panerwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

REISSUE APPLICATION FEE TRANSMITTAL FORM							Docket Number (Optional) 4T02.1-020						
Claims as Filed - Part 1													
Claims in		Number Filed in			· · · · · · · · · · · · · · · · · · ·		ntity		Other than a Small Entity				
Patent	Patent Reiss		Application	Number Extra		Rate	Fee		Rate	Fee			
^(A) 18	Total Claims (37 CFR 1.16(j))	(B) 22 (D) 5		****	2 =	x\$ <u>9</u> =	18	or	x\$ =				
(C) 3	Independent claims												
	(37 CFR 1.16(i))		5		2 =	×\$ <u>40</u> =	80		x \$=				
Basic Fee (37 CFR 1.16(h)) \$ 355													
				To	otal Filing F	ee	\$453		OR .	\$			
Claims as Amended - Part 2													
2	(1)					Small I	Entity		Other than a Small Entity				
	Claims Remaining After Amendment		Highest Nui Previous		Extra Claims	Rate Fee		Ť	Rate	Fee			
	Alter Amendment		Paid Fo		Present								
Total Claims (37 CFR 1.16(j)	MINUS	** .		* =	x\$=			x \$:	=			
Independent Claims (37 CFR 1.16	(i)) ***	MINUS	****		- =	x \$=			× \$:	=			
	Total Additional Fee						\$		OR	\$			
* If the entry in (D) is less than the entry in (C), Write "0" in column 3.													
** If the "Highest Number of Total Claims Previously Paid For" is less than 20, Write "20" in this space. *** After any cancellation of claims. **** If "A" is greater than 20, use (B - A); if "A" is 20 or less, use (B - 20). ***** "Highest Number of Independent Claims Previously Paid For" or Number of Independent Claims in Patent (C). Applicant claims small entity status. See 37 CFR 1.27.													
Please charge Deposit Account No in the amount of A duplicate copy of this sheet is enclosed.													
The Commissioner is hereby authorized to charge any additional fees under 37 CFR 1.16 or 1.17 which may be required, or credit any overpayment to Deposit Account No A duplicate copy of this sheet is enclosed.													
A check in	the amount of \$ 45	0Q. E		to co	over the filir	ng / additional	fee is en	closed	i.				
A check in the amount of \$ _453 00 to cover the filing / additional fee is enclosed. Payment by credit card. Form PTO-2038 is attached.													
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.													
February 8, 2001 Signature of Applicant, Attorney or Agent of Record Dawn V. Stephens 44,355 Typed or printed name													